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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/595,830-Conf. #7406 **FEE TRANSMITTAL** March 2, 2007 Filing Date First Named Inventor Jochen Peters For FY 2009 **Examiner Name** M. N. Opsasnick Applicant claims small entity status. See 37 CFR 1.27 2626 Art Unit N0484.70064US00 TOTAL AMOUNT OF PAYMENT 130.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check x Credit Card Money Order None Other (please identify): Deposit Account Name: Wolf, Greenfield & Sacks, P.C. Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Small Entity **Application Type** Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) <u>Fee (\$)</u> <u>Fee (\$)</u> Utility 330 540 270 220 110 165 50 70 Design 220 110 100 140 330 170 Plant 220 110 165 85 270 Reissue 330 165 540 650 325 Provisional 220 110 0 0 0 0 Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 26 52 Each independent claim over 3 (including Reissues) 220 110 Multiple dependent claims 390 195 Extra Claims Fee (\$) **Total Claims** Fee Paid (\$) **Multiple Dependent Claims** - or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee (\$) Indep. Claims Fee Paid (\$) - or HP = _____ **x** ____ = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) ______ /50 = _____ (round **up** to a whole number) x - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month 130.00 SUBMITTED BY Registration No. (Attorney/Agent) Signature /Steven J. Henry/ 27,900 Telephone 617.646.8000 Name (Print/Type) Steven J. Henry Date June 17, 2011

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